

Code Complaint Form

★ CONFIDENTIAL ★

NOT FOR PUBLIC REVIEW

Mail or deliver to:

**Mono County Community Development Department
Code Compliance Division
P.O. Box 8
Bridgeport, CA 93517**

**NO DEPARTMENT STAFF SHALL ALLOW
PUBLIC REVIEW OF THIS DOCUMENT**

REQUEST FOR INVESTIGATION

This form is to be utilized when a citizen is requesting that a County Department investigate a possible violation of a County law or other health and safety related problem.

This form is confidential if submitted by a private citizen in accordance with County policy. However, the form must be released if required by a court of law. Forms submitted by competing business entities, as determined by the affected department head, will be made available to the complainee at their request. A competing business is a business that provides a similar service or manufactures or sells similar products.

Case Number

Dept.

Year

Number

Complaint Information - (Person Completing this Form)

Name

Mailing Address

Phone Number

Do you wish to be contacted with the results of this investigation? ☐ Yes ☐ No

If this complaint is being filed against a business, are you an owner or employee of a competing business?

☐ Yes ☐ No ☐ Not Applicable

I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature

Date

Description of Violation / Problem

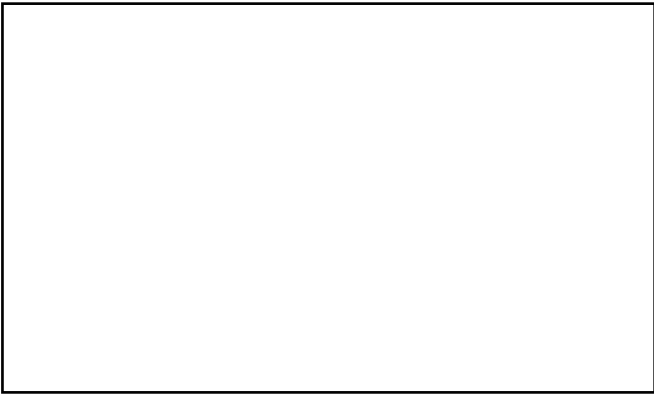
Street Address of Violation

APN#

Property Owner - If Known

Nature of violation or problem (please be as specific as possible). Use the back of this sheet, if needed.

Driving directions to violation site from State Highway
or Major County Road _____



Vicinity Map

For Staff Use Only

Staff Person Assigned

Date of Inspection

Investigation Findings:

Action Taken:

Affiliated Files:

Case Closed As: ☐ Unsubstantiated ☐ Abated ☐ Referred to Appropriate Department

Follow-Up:

Other Affected Departments Notified: (circle)

Planning Building Health Public Works Sheriff Child Protective Services _____

Other

Letters sent to property owner _____

Date Date Date

Complainant notified of action _____

Date Date Date

indicate if by telephone or letter

Notes: _____
